Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7950 SUITE 110 LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

→ 18506176383

| 7950 Suite 110 LLC | | |
|--|---|----------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number | vere filed on 12/14/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| an document number L21000525145 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: suite 101 LLC viriance must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: sipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "ELC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | idress on our records, enter the i | name of the new registered |
| | | 2022 SF1 |
| Name of New Registered Agent: | | 2 2 2 |
| New Registered Office Address: | Enter Florida street address | -3 P |
| | City | Code: |
| New Registered Agent's Signature, if changing Registered Agent: | | \$ F |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
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| fective date, if other than the d | ate of filing: be specific and cannot be prior to date of filing of | (optional) or more than 90 days after filing.) Pursuar | nt to 605.0207 |
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| January 3 | 2022 | V\$ | 23 |
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